

2213 U.S. PTO
10/849376
051904

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PATENTS, TRADEMARKS AND COPYRIGHTS

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EXPRESS MAIL No.: EV332303315US

Deposited: May 19, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service Express mail under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Judith M. Muzik

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 19, 2004
Docket No: 382/9-1801

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under CFR 1.53(b))

| | |
|--------------|--|
| Docket No.: | 382/9-1801 |
| Inventor(s): | Dwight MCKEE, 5 Sumner Street, Aptos, California 95003; Timothy A. NOLAN, 120 Penny Lane, Batesville, Arkansas 72501 |
| Title: | COMPOSITION AND METHOD FOR TREATING UPPER ABDOMINAL PAIN AND CRAMPING |

APPLICATION ELEMENTS (See MPEP chapter 600 concerning utility patent application contents)

- ☒ 1. Fee Transmittal Form (attachment)
- ☒ 2. Specification, Claims, Abstract [Total pages 12]
- ☐ 3. Drawing(s) (35 USC 113)
- ☒ 4. Oath or Declaration
 - ☒ Executed Declaration
 - ☒ a. Newly executed (original or copy) 2 Inventors
 - ☐ b. Copy from a prior application (37 CFR 1.63(d))
(For continuation/divisional with box 17 completed)
 - ☐ I. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the Prior application see 37 CFR 1.63(d)(2) & 1.33(b).
- ☐ 5. Incorporation by Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- ☐ 6. Microfiche Computer Program (Appendix)

- ☐ 7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)
- ☐ a. Computer Readable Copy
- ☐ b. Paper Copy (identical to computer copy)
- ☐ c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ 8. Assignment Papers (1 cover sheet (PTO-1595) and 1 document(s) for recording)
- ☐ 9. 37 CFR 3.73(b) Statement (when there is a assignee) ☐ Power of Attorney
- ☒ 10. Application Data Sheet
- ☐ 11. Information Disclosure Statement (IDS) and PTO-1449 ☐ Copies of IDS citations (refs.)
- ☐ 12. Preliminary Amendment
- ☒ 13. Return Receipt Postcard (MPEP 503) (should be specifically itemized)
- ☒ 14. **Small Entity Statement-The Applicant and assignee if any qualify for and hereby claim small entity status.**
- ☐ 15. Certified Copy of Priority Document(s):
(Only if foreign priority is claimed)
- ☐ 16. Other:
- ☐ 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-In-Part (CIP)
of prior application No. _____
Prior application information: Examiner _____ Group: _____
- ☒ 18. **CORRESPONDENCE ADDRESS**
- Please direct all communications to **customer number 28147**,
namely William J. Sapone, Esq. at
the offices of Coleman Sudol Sapone P.C.
714 Colorado Ave., Bridgeport Conn. 06605
203-366-3560 fax.203-335-6779

Respectfully requested.
Coleman Sudol Sapone P.C.

May 19, 2004
714 Colorado Ave.
Bridgeport CT 06605
Tel. (203) 366-3560

By: _____


William J. Sapone, Reg. No. 32,518
Attorney for Applicant(s)

(Attachment)

Fee Transmittal Form

| | |
|--------------|---|
| Docket No.: | 382/9-1801 |
| Inventor(s): | Dwight MCKEE, 5 Sumner Street, Aptos, California 95003; Timothy A. NOLAN, 120 Penny Lane, Batesville, Arkansas 72501 |
| Title: | COMPOSITION AND METHOD FOR TREATING UPPER ABDOMINAL PAIN AND CRAMPING |

THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

| | Claims filed | | Extra | SMALL \$ 385.00 | LARGE \$ 770.00 | AMOUNT \$ 385.00 |
|--|-----------------|----------|-------|--------------------|--------------------|---------------------|
| Total Claims | 27 | Minus 20 | 7 | x \$ 9.00 | x \$ 18.00 | \$ 63.00 |
| Independent | 2 | Minus 03 | 0 | x \$ 43.00 | x \$ 86.00 | \$ |
| Multiple dependent claim fee | | | | + \$ 145.00 | + \$ 290.00 | \$ |
| () Non-English specification 37 C.F.R. 1.17(k) fee (+ \$130.00) | | | | | | \$ |
| ASSIGNMENT | | | | | | \$ 40.00 |
| FEE DUE: | | | | | | \$ 488.00 |

- [x] A check in the amount of **\$488.00** is enclosed.
 The Commissioner is hereby authorized to charge any additional fees required with this submission or to credit any overpayment to Deposit Account No. 04-0838.
- a. ☒ Fees required under 37 C.F.R. 1.16.
 b. ☒ Fees required under 37 C.F.R. 1.17.
 c. ☐ Fees required under 37 C.F.R. 118.

Respectfully submitted,
 Coleman Sudol Sapone P.C.

May 19, 2004
 714 Colorado Ave.
 Bridgeport CT 06605
 Tel. (203) 366-3560

By: 
 William J. Sapone, Reg. No. 32,518
 Attorney for Applicant(s)